



# WYOC Baseball / Softball Liability Agreement

**Mail or Provide Form To:**

**Brenda Bennett**, General  
Manager **WYCO Sports Complex**  
PO Box 12231  
Kansas City, KS 66112

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**Office:** 913.299.9197  
**Fax:** 913.299.0047  
**E-mail:** wyco@kc.rr.com  
www.wycosports.com

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## WYCO Sports Waiver Liability Agreement

1. By participating in WYCO sports programs, it is agreed for ourselves and on behalf of our child to release, hold harmless, and indemnify the Wyandotte County Sports Association, Inc., its officers, board members, managers, employees and sponsors from any and all liability from injury or damage sustained by our child while participating in WYCO sports activities.
2. I understand the Wyandotte County Sports Association does not provide medical insurance, and I am responsible for any medical costs associated with participation in any WYCO sports program.
3. I understand that Wyandotte County Sports Association is responsible for the assignment of players to teams in our sports program.
4. I certify that upon request of the Wyandotte County Sports Association administrative office, I will provide a copy of my child's birth certificate for age verification.

By providing the name of the participant and my signature (below) I hereby state that I have read this Waiver Liability Agreement and agree to all of its provisions

\_\_\_\_\_  
**Participant Name** (Please PRINT)

\_\_\_\_\_  
**Parent /Guardian Name** (Please PRINT)

\_\_\_\_\_  
**Parent /Guardian Signature**

\_\_\_\_\_  
**Date Signed**



# WYOC Baseball / Softball Registration

-- Individual Signup Form --

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Manager WYCO Sports Complex  
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BOYS AND GIRLS AGES 4 – 14.  
Additional information is available on our website.

Player's Last Name \_\_\_\_\_ Player's First Name \_\_\_\_\_

Baseball \_\_\_\_ / Softball \_\_\_\_ Male \_\_\_\_ / Female \_\_\_\_ Date of Birth \_\_\_\_\_

Parent's Last Name \_\_\_\_\_ Parent's First Name \_\_\_\_\_

Address \_\_\_\_\_ Apt # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-mail \_\_\_\_\_

Secondary Contact Name \_\_\_\_\_

Secondary Contact Phone or Cell Phone \_\_\_\_\_

Secondary E-mail \_\_\_\_\_

School Your Child Attends \_\_\_\_\_ Current Grade \_\_\_\_\_

Did Your Child Play previously play at WYCO? Yes \_\_\_\_ No \_\_\_\_

If YES, Previous Year's Manager and Team Name \_\_\_\_\_

As a Parent/Guardian, I am interested in being a: Manager \_\_\_\_ Coach \_\_\_\_ Sponsor \_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

By signing my name on the above line, I hereby understand and accept the implications of submitting this form.

Use Area Below for Additional Information